

# Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration  
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568

December 2011

To: All Participants

From: Administrative Office

Re: 2011-2012 Open Enrollment

The period for which you may submit your request for plan changes is as follows:

**Enrollment forms received by January 20, 2012 will have a February 1, 2012 effective date.**

**Enrollment forms received by February 17, 2012 will have a March 1, 2012 effective date.**

In order to accommodate the enrollment of all dependents, as well as the submission of the required dependent co-payment, dependent enrollments will become effective as follows:

**Properly completed dependent enrollment requests accompanied with the \$100.00 co-payment, received by January 20, 2012 will become effective February 1, 2012.**

**Properly completed dependent enrollment requests accompanied with the \$100.00 co-payment, received by February 17, 2012 will become effective March 1, 2012.**

13191 Crossroads Pkwy., N. Suite 205, City of Industry, CA 91746-3434

# Office & Professional Employees • Locals 30 & 537 Trust Funds

13191 Crossroads Parkway North, Suite 205  
City of Industry, CA 91746-3434

Tel: (800) 386-4350 • (562) 463-5065  
Fax (562) 908-7568  
[www.opeiufunds.org](http://www.opeiufunds.org)

## DENTAL OPEN ENROLLMENT

Effective February 1, 2012

The annual period of Dental Open Enrollment will be held during the month of January 2012. This means that any participant has the option during this period to change their particular dental coverage and also add eligible dependents not previously covered. Any changes authorized will become effective February 1, 2012.

The enclosed material describes the dental benefits available under both the **OPEIU LOCALS 30 & 537 BASIC PLAN** and the **UNITED CONCORDIA PRE-PAID PLAN**. On the reverse side of this notice there is a comparison sheet of the two Plans.

### BASIC DENTAL PLAN

The BASIC DENTAL PLAN allows you to go to any dentist you choose (including your current dentist). Coverage is subject to a \$50 annual deductible and a \$2,000 maximum benefit per calendar year. The annual maximum does not apply to children under the age of 19. Diagnostic and Preventive Services are covered at 100% of the allowed amount and all other dental services are covered at 90% of the schedule of allowance.

*The coverage mentioned above will be reduced on a pro-rate basis if your employer is not contributing the prevailing rate on your behalf.*

### UNITED CONCORDIA PRE-PAID PLAN

UNITED CONCORDIA is a Pre-Paid Dental Program. Dental care is rendered with no forms to complete, no prior authorization, no deductible, and very minimal out-of-pocket cost. You must enroll in a United Concordia dental office and you must receive all your treatment from that dental office (please see the summary of dental benefits in the following pages for additional information).

We are enclosing a "Change Card" for you to indicate whether you wish to change your Dental coverage or add dependents. Please complete the enclosed card indicating the change you wish to make and return it by mail or fax to the above address no later than January 20, 2012. The change will then become effective February 1, 2012. Failure to return the required signed enrollment form may create a delay in the change being reflected on the Trust's record. **NOTE: The Plan will not pay benefits for medical, prescription drug or vision care received before becoming a dependent under the Plan.**

**IF YOU DO NOT WISH TO MAKE ANY CHANGES IN YOUR DENTAL COVERAGE OR ADD ANY ELIGIBLE DEPENDENTS AT THIS TIME, DO NOT RETURN THE "CHANGE CARD".**

If you have any questions after reviewing this notice and the enclosed material, please contact the Administrative Office at (562) 463-5065 or (800) 386-4350. For your information, all Basic Dental Plan claims should be mailed to: OPEIU Locals 30 & 537 Health & Welfare Fund, 13191 Crossroads Pkwy North, Suite 205, City of Industry, CA 91746-3434. For inquiries regarding claims previously submitted, benefits information, and verification of eligibility, call the Claims Office at (562) 463-5065 or (800) 386-4350.

Sincerely,

BOARD OF TRUSTEES  
Office & Professional Employees  
International Union Locals 30 & 537  
Health & Welfare Fund

Enclosures

**OPEIU LOCALS 30 & 537 DENTAL PLAN OPTIONS**  
**SUMMARY OF COVERAGE AND TERMS**

	*BASIC PLAN	UNITED CONCORDIA (Pre-Paid Plan)
<b>Dental Office</b>	Use any dentist of your choice.	Select any dentist listed in the United Concordia Directory.
<b>Deductible</b>	\$50 per person per calendar year.	None
<b>Annual Maximum</b>	\$2,000 (does not apply to children under 19)	None
<b>Payment Method:</b>	<b>Fee Paid to Dentist</b>	<b>Members Co-Payment</b>
<b>Dental Exam or X-Ray</b>	100% of Table of Allowance	\$0
<b>Prophylaxis (Cleaning)</b>	100% of Table of Allowance	\$0
<b>Fillings</b>	90% of Table of Allowance	\$0 \$85 to \$140 for posterior resin fillings with ADA codes 2391-2394.
<b>Crowns</b>	90% of Table of Allowance	\$25 to \$75 Extra for precious metals.
<b>Extractions and Oral Surgery</b>	90% of Table of Allowance	\$0 for most procedures (consult your dentist)
<b>Periodontal Treatment</b>	90% of Table of Allowance	\$0 Must be referred by selected Primary Dental Office
<b>Prosthetic Appliances, Including bridges and partial or complete dentures.</b>	90% of Table of Allowance	From \$50 to \$135 (Extra for precious metals/consult your dentist)
<b>ORTHODONTICS</b>		
<b>Lifetime maximum</b>	90% up to \$2,000	\$265 start up fee** \$240 for retention phase** \$1,500 co-pay to age 19 \$2,000 co-payment after age 19 } <sup>24 months</sup> of Banding **Regardless of Age
<b>Covered Person:</b>	Children and Adults	Children and Adults

**\*If your employer is contributing less than the prevailing rate to cover the costs of the benefits above, coverage will be prorated accordingly based on the amount of the contribution divided by the prevailing rate.**

**THE ABOVE INFORMATION IS A SUMMARY OF THE PLANS CURRENTLY OFFERED AND IS NOT INTENDED TO REPRESENT A FULL DESCRIPTION OF THE BENEFITS, COVERAGES, LIMITATIONS AND EXCLUSIONS OF THE PLAN.**

# Office and Professional Employees Locals 30 & 537

## Health & Welfare and Retirement Trust Funds

13191 Crossroads Parkway North, Suite 205  
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### O.P.E.I.U. LOCALS 30 & 537 BASIC DENTAL PLAN "A" \* TABLE OF ALLOWANCES Effective January 1, 2008

ADA CODES DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT	ADA CODES DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT
<b>DIAGNOSTIC — (0110-0340)</b>			<b>PROSTHETICS (5110-6960)</b>		
0110 Exam (once every 6 months, 180 days)	55.00	100%	<b>PROSTHODONTICS — Removable Complete Dentures — including adjustments within 6 months</b>		
0120 Periodic Exam	43.00	100%	5110 Complete upper	943.00	90%
0130 Emergency Exam	71.00	100%	5120 Complete lower	943.00	90%
0210 Full Mouth X-Ray w/bitewings (once every 2 years)	93.00	100%	<b>PARTIAL DENTURES (Including adjustments, clasps and teeth)</b>		
0220 Single film	25.00	100%	5213 Partial Lower	943.00	90%
0230 Additional films up to 10	13.00	100%	5214 Partial Upper	943.00	90%
0240 Occlusion View	32.00	100%	<b>ADJUSTMENTS TO DENTURES (after 6 months)</b>		
0250 Max. / Extra Oral, One Film	55.00	100%	5410 Adjustment to denture	71.00	90%
0272 Bitewing — Two Films	47.00	100%	<b>REPAIRS TO DENTURES</b>		
0274 Bitewing — Four Films	55.00	100%	5520 Replace broken teeth — each tooth	78.00	90%
0330 Panoramic Survey	78.00	100%	5610 Broken Denture — No teeth involved	99.00	90%
0340 Cephalometric Film	78.00	100%	5640 Replace each additional	78.00	90%
<b>PREVENTATIVE — (1110-1520)</b>			5650 Adding tooth to denture to replace natural extraction	120.00	90%
1110 Prophy 14 & Older (once every 6 months, 180 days)	91.00	100%	5660 Adding tooth to partial denture to replace extracted tooth with clasp	147.00	90%
1120 Prophy to age 14 (once every 6 months, 180 days)	71.00	100%	5690 Each additional tooth with clasp	64.00	90%
1210 Prophy / Flouride Treatment	91.00	100%	<b>OTHER PROSTHETIC SERVICES</b>		
1351 Sealant per tooth (to age 14)	25.00	100%	5710 Denture Duplication	315.00	90%
1510 Space Maintainer	232.00	100%	5750 Denture Reline	273.00	90%
<b>RESTORATIVE — (2110-2952) Allowance includes all necessary bases, pulp caps, buildups, etc.</b>			5850 Tissue Conditioning, per denture	99.00	90%
2110 Amalgam — One Surface — Primary	71.00	90%	<b>FIXED BRIDGES BRIDGE PONTICS</b>		
2120 Amalgam — Two Surface — Primary	91.00	90%	6210 Cast Gold Pontic	580.00	90%
2130 Amalgam — Three or more — Primary	99.00	90%	6240 Porcelain Fused to Semi-Precious Metal	699.00	90%
2140 Amalgam — One Surface — Permanent	91.00	90%	6241 Porcelain Fused to Non-Precious Metal	663.00	90%
2150 Amalgam — Two Surface — Permanent	106.00	90%	6250 Place Resin with High Noble	699.00	90%
2160 Amalgam — Three or More — Permanent	120.00	90%	6750 Abutment Crown Porcelain to Metal	769.00	90%
2310 Acrylic, Plastic, Composite (Per Restoration)	120.00	90%	6920 Dowel Pin Gold	126.00	90%
2330 Composite Resin One Surface	120.00	90%	6930 Bridge Recement	78.00	90%
2331 Composite Resin Two Surfaces	133.00	90%	6960 Dowel Pin Metal-Case	126.00	90%
2332 Composite Resin Three Surfaces	176.00	90%	<b>ORAL SURGERY (7110-7983)</b>		
2335 Composite Resin Incisal Angle	182.00	90%	7110 Uncomplicated single extraction	99.00	90%
2510 One Surface Inlay	385.00	90%	7120 Each additional tooth (local anesthesia only)	78.00	90%
2520 Two Surface Inlay	504.00	90%	7210 Surgical removal of erupted tooth	126.00	90%
2530 Three or More Surface Inlay	539.00	90%	7220 Extract tooth Soft Tissue impact	232.00	90%
2540 Onlay in Addition per tooth	615.00	90%	7230 Extract tooth partial bony impact	273.00	90%
2710 Crown — Resin-Plastic/Acrylic	385.00	90%	7240 Extract tooth complete bony impact	350.00	90%
2720 Crown — Resin-with high noble metal	539.00	90%	7250 Residual root recovery surgery	350.00	90%
2740 Crown — Porcelain/Ceramic	615.00	90%	7260 Closure of oral fistula/root recovery	210.00	90%
2750 Crown — Porcelain fused to semi-precious metal	769.00	90%	7310 Alveolectomy in addition to removal	182.00	90%
2751 Crown — Porcelain fused to non-precious metal	699.00	90%	7320 Alveolectomy per quad	141.00	90%
2790 Crown — Gold full cast	692.00	90%	7350 Alveolectomy with ridge extension	210.00	90%
2810 Crown 3/4 gold	615.00	90%	7450 Removal of cast or tumor to 1/2	253.00	90%
2830 Stainless Steel Primary	126.00	90%	7451 Removal of cast or tumor over 1/2	469.00	90%
2892 Crown — Post & Core in addition	168.00	90%	7470 Removal of Palatal Torus	168.00	90%
2910 Recement Inlays	55.00	90%	7471 Removal of man tori per quad	197.00	90%
2920 Recement Crown	71.00	90%	7510 Incision/drainage of abscess	99.00	90%
2952 Crown Pin	147.00	90%	7530 Removal of foreign body (soft tissue)	78.00	90%
<b>ENDODONTICS — (3210-3420)</b>			7540 Removal of foreign body from bone	120.00	90%
3220 Therapeutic/Vital Pulpotomy	99.00	90%	7550 Bone abscess superficial	147.00	90%
3310 Single Root Canal	462.00	90%	7910 Suture of soft tissue injury	106.00	90%
3320 Bi-Root Canal	539.00	90%	7960 Frenectomy	231.00	90%
3330 Tri-Root Canal	692.00	90%	7970 Excision of hyperplastic tissue	231.00	90%
3340 Four Canals	692.00	90%	7980 Removal of salivary calculus	168.00	90%
3410 Apicoectomy / Separate Procedure	385.00	90%	7982 Dilatation of salivary duct	99.00	90%
3420 Apicoectomy with Root Canal	462.00	90%	7983 Closure of salivary fistula	336.00	90%
<b>PERIODONTICS — (4110-4910)</b>			<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
4210 Gingivectomy/Gingivoplasty — per quad	385.00	90%	8210 Appliances habit control removable	231.00	90%
4211 Gingivectomy/Gingivoplasty — single site	71.00	90%	8220 Appliances habit control fixed	231.00	90%
4220 Gingival Curettage — per quad	78.00	90%	<b>GENERAL SERVICES</b>		
4260 Osseous / Gingival Surgery — per quad	559.00	90%	9110 Palliative Treatment of Dental pain, minor procedures	78.00	90%
4261 Osseous Graft — single site	99.00	90%	9220 General anesthesia/surgical procedure only	203.00	90%
4330 Correction of Occlusion — Complete	99.00	90%	9310 Special consultation by specialist	93.00	90%
4341 Root Planning per quad	112.00	90%	9630 Other drugs and/or medicaments	36.00	90%
4910 Periodontal Prophylaxis (once every 3 months, 90 days)	112.00	90%	<b>ORTHODONTIC TREATMENT</b>		
			ORTHODONTIC LIFETIME \$2,000.00 MAXIMUM BENEFIT (90% of initial banding, quarterly thereafter)		

ABOVE BENEFITS PAYABLE AFTER SATISFYING AN ANNUAL DEDUCTIBLE OF \$50.00 PER PERSON ANNUAL MAXIMUM BENEFIT \$2,000.00 (DOES NOT APPLY TO CHILDREN UNDER 19).  
PRE-AUTHORIZATION IS REQUIRED WHEN SERVICES EXCEED \$500.00. SEE REVERSE SIDE FOR DENTAL LIMITATIONS AND EXCLUSIONS.

\* IF YOUR EMPLOYER IS CONTRIBUTING LESS THAN THE PREVAILING RATE TO COVER THE COSTS OF THE BENEFITS ABOVE, COVERAGE WILL BE PRORATED ACCORDINGLY BASED ON THE AMOUNT OF THE CONTRIBUTION DIVIDED BY THE PREVAILING RATE.

## DENTAL LIMITATIONS AND EXCLUSIONS

This Plan does not pay expenses for:

1. Any course of treatment which will cost over \$500.00 which is not pre-authorized.
2. Any orthodontia which is not pre-authorized.
3. Any procedures which began before the date the covered person became eligible under this Plan, or began after the individual ceased eligibility. Any supplies furnished in connection with such procedure, except that X-rays and prophylaxis treatment will not be considered as the beginning of a dental procedure.
4. Separate charges for Analgesia and/or Nitrous Oxide (except for general anesthesia given by a dentist for covered oral surgery procedure).
5. More than one oral examination or prophylaxis during any period of six consecutive months (180 days).
6. Temporary full prosthesis. The term "prosthesis" means any crown or any fixed or removable denture.
7. Replacement of an existing prosthesis which, in the opinion of the attending doctor, is or can be made satisfactory.
8. Replacement of a prosthesis, except a crown necessary for restorative purposes only, for which benefits were paid under this Plan if the replacement occurs within five years from the date the expense was incurred, unless (a) the replacement is made necessary by the initial placement of an opposing full prosthesis or the extraction of natural teeth, or (b) the prosthesis is a stayplate or similar temporary partial prosthesis, and is being replaced by a permanent prosthesis, or (c) the prosthesis, while in the oral cavity, has been damaged beyond repair as a result of injury while covered.
9. The replacement of a crown which was covered under this Plan, if such replacement occurs within five years from the date expense was incurred.
10. Replacement of a lost or stolen appliance.
11. Adjustments or relining of a prosthesis within six months after the prosthesis is initially furnished.
12. Any treatment by any method for temporomandibular joint dysfunction (TMJ).
13. Procedures which are necessary solely to increase vertical dimension, or restore the occlusion.
14. Implantology.
15. Dental procedures for cosmetic reasons, unless performed within two years after an accident to repair or alleviate damage from that accident which occurred while covered.
16. Hospital expenses incurred for any dental procedure performed (covered or not covered).
17. Dietary planning, oral hygiene instruction or training in preventative dental care.
18. Any services rendered by a member of the immediate family of the person or of the person's spouse.
19. Any charge above allowable charges or for a procedure determined not to be necessary dental treatment as determined by the Board of Trustees.
20. Charges for completion of claim forms.
21. Charges for missed or broken appointments.
22. Claims not submitted within 12 months after expenses were incurred, except in absence of legal capacity. Additional information requested by the Claims Office on behalf of the Board of Trustees that is not submitted in a timely manner may delay or deny payment.
23. Charges for expenses incurred outside the United States unless when traveling and in need of urgent or emergency care.
24. Effective with services incurred as of 1/1/04 the amount of benefits payable by this Plan and any other Plans will be coordinated so that the aggregate amount paid will not exceed the amount that would be paid if this Plan were the primary payer. The O.P.E.I.U. Locals 30 & 537 Health and Welfare Fund payment will not exceed the amount which would have been paid if there were no other Plan involved.

# Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration  
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568

## – IMPORTANT NOTICE –

### **Special Enrollment Rights**

December 2011

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within thirty (30) days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within "30 days" after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Administrative Office of the Office and Professional Employees Locals 30 & 537 Health & Welfare Trust Fund at (562) 463-5065.

### **Notice of Privacy Practices**

The Trust Fund maintains a Notice of Privacy Practices. The Notice explains the possible uses and disclosures of protected health information by the Trust Fund. It also outlines your rights in regards to your health information and the steps the Trust Fund has taken to protect health information and prevent unnecessary disclosures. A copy of the Notice of Privacy Practices can be found in your Plan Booklet or requested separately from the Trust Fund Office at the address or telephone number shown above.

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December 2011

## **SUMMARY ANNUAL REPORT FOR**

### **OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION LOCALS 30 AND 537 HEALTH AND WELFARE FUND**

This is a summary of the annual report of the Office and Professional Employees International Union Locals 30 and 537 Health and Welfare Fund (the Plan), EIN 95-6047601, for the year ended January 31, 2011. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of Office and Professional Employees International Union Locals 30 and 537 Health and Welfare Fund has committed itself to pay certain medical, dental, vision and prescription drug claims incurred under the terms of the Plan.

#### Insurance Information

The Plan has contracts with Kaiser Foundation Health Plans, Inc. to pay certain medical, vision and prescription drug claims, with United HealthCare Insurance Company to pay life insurance and accidental death and dismemberment benefits, with American National Life Insurance Company of Texas to pay stop-loss claims and with United Concordia Dental Plans of California, Inc. to pay certain dental benefits incurred under the terms of the Plan. The total premiums paid for the plan year ended January 31, 2011 were \$2,761,834.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the Plan, was \$5,204,792 as of January 31, 2011, compared to \$5,365,380 as of February 1, 2010. During the plan year the Plan experienced a decrease in its net assets of \$160,588. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

During the plan year, the Plan had total income of \$5,981,015, which included employer contributions of \$5,069,606, employee contributions of \$327,400, earnings from investments of \$482,254 and other income of \$101,755.

Plan expenses were \$6,141,603. These expenses included \$591,894 in administrative expenses and \$5,549,709 in benefits paid to or for participants and beneficiaries.

#### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investments;
4. Insurance information including sales commissions paid by insurance carriers;  
and
5. Transactions in excess of 5 percent of plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Benefit Programs Administration, at 13191 Crossroads Parkway, Suite 205, City of Industry, California 91746-3434, telephone (562) 463-5065. The charge to cover copying costs will be \$6.50 for the full annual report or \$.25 per page for any part thereof.

You also have the right to receive from the Plan administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, 13191 Crossroads Parkway, Suite 205, City of Industry, CA 91746, and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.